

Individual School Site



**BAINBRIDGE
ISLAND**

SCHOOL DISTRICT No. 303

RECORD OF HAZARD OBSERVED

Reported By: (Optional) _____ Date: _____

Reported To: _____ Date: _____

Nature of Hazard: (Describe-Act, Equipment Situation, etc.)

Location of Hazard: (Be specific, i.e., custodial closet, West Wing, XYZ Elementary School)

Action Taken: (By Supervisor)

Signature _____ Date _____

Forward to Safety Committee for review: _____

Safety Committee Review _____ Date _____

Safety Committee Chairperson _____ Date _____